

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty MJS-117-537  
Dkt.'

TARASSENKO et al.

C# M#

Serial No. 10/528,365

TC/A.U. 3736

Filed: July 19, 2005

Examiner: NAQI, Sharick

Title: TELEMEDICINE SYSTEM

Date: March 26, 2008



Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

**RESPONSE/AMENDMENT/LETTER**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

**Correspondence Address Indication Form Attached.**

**Fees are attached as calculated below:**

Total effective claims after amendment	31	minus highest number	
previously paid for	35	(at least 20) =	0 x \$50.00
			\$0.00 (1202)/\$0.00 (2202) \$

Independent claims after amendment	3	minus highest number	
previously paid for	3	(at least 3) =	0 x \$210.00
			\$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add  
\$370.00 (1203)/\$185.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this  
paper and attachment(s)

One Month Extension	\$120.00 (1251)/\$60.00 (2251)
Two Month Extensions	\$460.00 (1252)/\$230.00 (2252)
Three Month Extensions	\$1050.00 (1253)/\$525.00 (2253)
Four Month Extensions	\$1640.00 (1254)/\$820.00 (2254)
Five Month Extensions	\$2,230.00 (1255)/\$1115.00 (2255) \$

Terminal disclaimer enclosed, add  
\$130.00 (1814)/ \$65.00 (2814) \$

Applicant claims "small entity" status.  Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee	\$180.00 (1806)	\$	0.00
---	-----------------	----	------

Assignment Recording Fee	\$40.00 (8021)	\$	0.00
--------------------------	----------------	----	------

Other:		\$	0.00
--------	--	----	------

**TOTAL FEE \$ 0.00**

**CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor  
Arlington, Virginia 22203-1808  
Telephone: (703) 816-4000  
Facsimile: (703) 816-4100  
MJS:dbp

NIXON & VANDERHYE P.C.  
By Atty: Michael J. Shea, Reg. No. 34,725

Signature: 